

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 2007-234

**SANDRA LOUISE SPEEGLE**  
306 Red Bud Lane  
Decatur, AL 35603

Registered Nurse, License No. ~~58094~~ <sup>580594</sup>

Respondent.

**DECISION AND ORDER**

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on October 28, 2007

It is so ORDERED September 28, 2007

*LaTramaine Tate*

FOR THE BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 FRANK H. PACOE  
Supervising Deputy Attorney General  
3 LESLIE E. BRAST, State Bar No. 203296  
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7 Attorneys for Complainant

8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
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11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2007-234

13 **SANDRA LOUISE SPEEGLE**  
14 306 Red Bud Lane  
Decatur, AL 35603

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

15 Registered Nurse License No. 58094

Respondent.

17 IT IS HEREBY STIPULATED AND AGREED by and between the parties in this  
18 proceeding that the following matters are true:

19 PARTIES

20 1. Ruth Ann Terry, M.P.H, R.N (Complainant), is the Executive Officer of  
21 the Board of Registered Nursing (Board), Department of Consumer Affairs. She brought this  
22 action solely in her official capacity and is represented in this matter by Edmund G. Brown Jr.,  
23 Attorney General of the State of California, by Leslie E. Brast, Deputy Attorney General.

24 2. Sandra Louise Speegle (Respondent) is representing herself in this  
25 proceeding and has chosen not to exercise her right to be represented by counsel.

26 3. On or about May 4, 2001, the Board issued Registered Nurse License No.  
27 58094 to Respondent. The license was in full force and effect at all times relevant to the charges  
28 brought in Accusation No. 2007-234. It expired on February 28, 2007 and has not been renewed.

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1 ENDORSEMENT

2 The foregoing Stipulated Surrender of License and Order is hereby respectfully  
3 submitted for consideration by the Board of Registered Nursing of the Department of Consumer  
4 Affairs.

5 DATED: July 30, 2007

6 EDMUND G. BROWN JR., Attorney General  
7 of the State of California

8 FRANK H. PACOE  
9 Supervising Deputy Attorney General

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11 LESLIE E. BRAST  
12 Deputy Attorney General

13 Attorneys for Complainant

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**Exhibit A**

**Accusation No. 2007-234**

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 FRANK H. PACOE  
Supervising Deputy Attorney General  
3 LESLIE E. BRAST, State Bar No. 203296  
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8 **BEFORE THE**  
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11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2007 - 234

13 **SANDRA LOUISE SPEEGLE**  
14 805 Westwood Drive S.W.  
Decatur, AL 35601

**A C C U S A T I O N**

15 Registered Nurse License No. 580594

Respondent.

16 Complainant alleges:

17 PARTIES

18 1. Ruth Ann Terry, M.P.H, R.N ("Complainant"), brings this Accusation  
19 solely in her official capacity as the Executive Officer of the Board of Registered Nursing  
20 ("Board"), Department of Consumer Affairs.

21 2. On or about May 4, 2001, the Board issued Registered Nurse License  
22 Number 580594 to Sandra Louise Speegle ("Respondent"). The license was in full force and  
23 effect at all times relevant to the charges brought herein. The license expired on February 28,  
24 2007, and has not been renewed.

25 JURISDICTION

26 3. This Accusation is brought before the Board under the authority of the  
27 following laws. All section references are to the Business and Professions Code ("Code") unless  
28 otherwise indicated.



4. Code section 2750 provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

5. Code section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

6. Code section 2761 states, in pertinent part:

“The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing functions . . .”

7. Code section 2725, subdivision (b), states, in pertinent part:

“The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients . . .

...

(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.”

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1                   8.       California Code of Regulations, title 16, section 1442, provides that "gross  
2 negligence," as used in Code section 2761, includes an "extreme departure from the standard of  
3 care which, under similar circumstances, would have ordinarily been exercised by a competent  
4 registered nurse." An extreme departure means the "repeated failure" to provide required  
5 nursing care or "failure to provide care or to exercise ordinary precaution in a single situation  
6 which the nurse knew, or should have known, could have jeopardized the client's health or life."

7                   9.       California Code of Regulations, title 16, section 1443, provides that  
8 "incompetence," as used in Code section 2761, "means the lack of possession of or the failure to  
9 exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by  
10 a competent registered nurse as described in Section 1443.5."

11                  10.       California Code of Regulations, title 16, section 1443.5 states:

12                       A registered nurse shall be considered to be competent  
13 when he/she consistently demonstrates the ability to transfer  
14 scientific knowledge from social, biological and physical sciences  
15 in applying the nursing process, as follows:

16                       (1) Formulates a nursing diagnosis through observation of  
17 the client's physical condition and behavior, and through  
18 interpretation of information obtained from the client and others,  
19 including the health team.

20                       (2) Formulates a care plan, in collaboration with the client,  
21 which ensures that direct and indirect nursing care services provide  
22 for the client's safety, comfort, hygiene, and protection, and for  
23 disease prevention and restorative measures.

24                       (3) Performs skills essential to the kind of nursing action  
25 to be taken, explains the health treatment to the client and family  
26 and teaches the client and family how to care for the client's health  
27 needs.

28                       (4) Delegates tasks to subordinates based on the legal  
scopes of practice of the subordinates and on the preparation and  
capability needed in the tasks to be delegated, and effectively  
supervises nursing care being given by subordinates.

(5) Evaluates the effectiveness of the care plan through  
observation of the client's physical condition and behavior, signs  
and symptoms of illness, and reactions to treatment and through  
communication with the client and health team members, and  
modifies the plan as needed.

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1 (6) Acts as the client's advocate, as circumstances require,  
2 by initiating action to improve health care or to change decisions  
3 or activities which are against the interests or wishes of the client,  
4 and by giving the client the opportunity to make informed  
5 decisions about health care before it is provided.

6 11. Code section 125.3 provides, in pertinent part, that the Board may request  
7 the administrative law judge to direct a licensee found to have committed a violation or  
8 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation  
9 and enforcement of the case.

10 FACTUAL BACKGROUND

11 12. Between about April 1 and July 3, 2004, Respondent worked as a  
12 traveling nurse assigned to the perinatal unit of Saint Joseph Hospital ("SJH") in Eureka,  
13 California. On or about June 19, 2004, Respondent was working as the charge nurse when a  
14 pregnant patient, Ms. X,<sup>1</sup> presented, apparently at or near term, requesting labor care. The  
15 Perinatal unit was busy that night in that Respondent, who was covering labor and delivery  
16 alone, was assisting with an actively laboring patient requiring one-on-one care. Two other  
17 nurses were listed on the schedule as "on-call," though Respondent did not call in either nurse  
18 before or upon Ms. X's arrival.

19 13. Ms. X, who spoke little English and had a relative interpret for her,  
20 complained of regular contractions. She indicated she had come to SJH because she feared she  
21 would not make it 20 minutes further to Mad River Community Hospital ("MRCH"), where her  
22 prenatal care provider was apparently located, before she delivered her baby. Ms. X was given a  
23 gown and placed in an exam room. Shortly thereafter, Respondent performed a vaginal  
24 examination to evaluate Ms. X's labor progress. Respondent informed Ms. X that her cervix was  
25 about 3 centimeters ("cm") dilated.

26 14. Respondent neither admitted Ms. X nor did she notify a physician of Ms.  
27 X's presence or status. Respondent advised Ms. X that she had time to travel to MRCH by  
28 private car and sent her there for delivery. Respondent did not listen to the fetal heart tones or

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1. In order to protect her privacy, the patient is alternatively described as "Ms. X" and "Patient 1"  
in investigative documents; these will be disclosed to Respondent during discovery.

1 otherwise assess the well-being of the fetus and failed to inform a physician of the patient's  
2 presence or medical status. Respondent asked no questions of Ms. X regarding her health,  
3 medical or pregnancy history consistent with standardized triage of obstetric patients.  
4 Frightened, Ms. X asked for transfer by ambulance but Respondent declined her request. Ms. X  
5 left SJH at approximately 11:10 PM. She arrived at MRCH at around 11:30 PM in active labor  
6 with regular contractions 2 to 3 minutes apart and her cervix fully effaced (thinned) and dilated  
7 to 6 cm.

8 15. All of Respondents actions were performed independent of consult with or  
9 notification of a physician and without any documentation. Respondent never recorded her  
10 examination, findings, or transfer of the patient. She failed to provide any notification to the  
11 hospital of transfer or transmit to MRCH any documentation of Ms. X's visit to SJH or the  
12 medical status of Ms. X or her fetus. Respondent did not give Ms. X any documentation to  
13 deliver upon her arrival regarding her visit to SJH or the medical status of Ms. X or her fetus.

14 16. Upon subsequent investigation, Respondent provided multiple versions of  
15 the events, initially describing the patient as 3 cm dilated and admitting her failure to document  
16 her actions because she was "too busy." Months later, Respondent described the patient as only  
17 1.5 cm dilated and suggested that she had insisted Ms. X stay at SJH, but that Ms. X refused and  
18 left.

#### 19 FIRST CAUSE FOR DISCIPLINE

20 (Gross Negligence and/or Incompetence:

21 Mistreatment of an Obstetric Patient; Improper Discharge; Charting Failures)

22 17. Respondent is subject to disciplinary action under Code section 2761,  
23 subdivision (a)(1), as defined by California Code of Regulations, title 16, sections 1442, 1443,  
24 and 1443.5, for gross negligence and/or incompetence in carrying out her usual licensed nursing  
25 functions in that, as described above in Paragraphs 12 through 16, she:

26 a. Failed to exercise ordinary precaution when she assessed a patient  
27 presenting at term who indicated she was in labor;

28 b. Failed to exercise ordinary precaution when she neglected to assess the

1 well-being of the fetus;

2 c. Failed to exercise ordinary precaution when she directed the patient to  
3 another hospital without either obtaining a medical examination for the patient prior to her  
4 departure or obtaining transport by ambulance for the patient and her fetus;

5 d. Failed to exercise ordinary precaution when she failed to document the  
6 patient's presence, Respondent's examination, findings or actions; and,

7 e. Failed to exercise ordinary precaution when she neglected to notify the  
8 hospital of transfer of the patient's imminent arrival, or inform the receiving hospital of the  
9 patient's condition or the condition of her fetus.

10  
11 SECOND CAUSE FOR DISCIPLINE

12 (Unprofessional Conduct:

13 Mistreatment of an Obstetric Patient; Improper Discharge; Charting Failures)

14 18. Respondent is subject to disciplinary action under Code sections 2761,  
15 subdivision (a), in that she conducted herself unprofessionally when she directed a pregnant  
16 patient presenting at term with complaints of regular uterine contractions to travel by car to  
17 another hospital without fully assessing the condition of both the patient and her fetus, reporting  
18 the relevant information to a physician, making contact with the receiving hospital, offering  
19 transport by ambulance, documenting her assessment of the patient, or creating any record of the  
20 patient's visit. The circumstances are detailed in Paragraphs 12 through 16, above.

21  
22 THIRD CAUSE FOR DISCIPLINE

23 (Unprofessional Conduct: Dishonesty)

24 19. Respondent is subject to disciplinary action under Code section 2761,  
25 subdivision (a), for dishonesty when, after initially admitting examination of an obstetric patient,  
26 sending her to another hospital and failing to document her actions, Respondent modified her  
27 statement upon subsequent interview including fabrication of circumstances more favorable to  
28 her defense. The circumstances are detailed in Paragraphs 12 through 16, above.

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